

FORM LM-30

LABOR ORGANIZATION OFFICER AND  
EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <b>2864</b>	2. Fiscal Year Covered From: <b>01/01/2005</b> Through: <b>12/31/2005</b>
3. Name and address of person filing.	
Name <b>John C Martini</b>	Name <b>United Union of Roofers Waterproofers &amp; AW</b>
P.O. Box, Bldg., Room No., if any <b>Suite 800</b>	P.O. Box, Building and Room Number, if any <b>Suite 800</b>
Street <b>1660 L Street, N.W.</b>	Street <b>1660 L Street, N.W.</b>
City <b>Washington</b>	City <b>Washington</b>
State <b>District of Columbia</b>	State <b>District of Columbia</b>
ZIP Code + 4 <b>20036-5646</b>	ZIP Code + 4 <b>20036</b>
6. Position in labor organization. <b>International President</b>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests  
(except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including buying) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	7.a. Description of Interest or Income. <b>None</b>
6. Name and address of Employer (including trade name, if any). <b>None</b>	
Name <b>None</b>	7.b. Amount. <b>None</b>
Trade Name, If any. <b>None</b>	
P.O. Box, Bldg., Room No., if any. <b>None</b>	
Street <b>None</b>	
City <b>None</b>	
State <b>None</b>	
ZIP Code + 4 <b>None</b>	

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On **03/08/2006**

Date

**202-463-7663**

Telephone Number

Name of Person Filing John Martini

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employee your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Cadence Capital Management

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 265 Franklin Street, 11th Floor

City Boston

State Massachusetts

ZIP Code + 4 02110-3113

## 9. Business deals with:

- a. Labor Organization
- b. Trust
- c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name National Roofing Industry Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 7990 S.W. 117th Avenue

City Miami

State Florida

ZIP Code + 4 33183

## 11.a. Nature of such dealing.

Investment Manager

## 11.b. Approximate dollar value of such dealing.

\$0

## 12.a. Nature of interest held or income received.

11/17/2005 Trustee Meeting Dinner

## 12.b. Amount.

\$313

## C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant 

?

## 14.b. Amount of payment.

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AND EMPLOYEE REPORT**

**Fiscal Year: 1/1/2005 – 12-31-2005**

**Name of Person Filing:** John C. Martini

The transactions, dealings and interests that are detailed in the attached Form LM-30 represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2005 to December 31, 2005. If, in the future, it comes to my attention that there exists a transaction, dealing, or interest that should have been reported for the period of January 1, 2005 to December 31, 2005, I will immediately file an amended Form LM-30.